			FCC Form
Mobility	Fund		Approved by OMB
hase 1	- §54.1009 Annual Reporting		OMB 3060-1185
Data Col	llection Form		Avg. Burden Estimate per Respondent: 18 Hours
<010>	Study Area Code	618322	
<015>	Study Area Name	GCI Communication Corp.	
<020>	Program Year	2019	
<030>	Contact Name: Person USAC should contact with questions about this data	Chris Nierman	
<035>	Contact Telephone Number: Number of the person identified in data line <030>	2024578815 ext.	
<039>	Contact Email: Email of the person identified in data line <030>	cnierman@gci.com	

<040>	Has the in	formation required pursuant to §54.1009 been provided with a Form 481 fili	ng (Y/N) <040>	O
	<041>	Attach a description of the documents filed with the Form 481 reporting	<041>	Form481GCICommunicationsCorp618322.pdf
	<042>	Cite the Study Area Code (SAC) for the Form 481 reporting	<042>	619014

<080>	Tribal Lands Reporting (y/n?)	(Does this study area cover tribal lands? Yes or No)	•)
				,

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

Study Area Name)50) Carr	rier Contact Form			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
Study Area Name	<010>	Study Area Code		618322	
603592 Contact Telephone Number - Number of person identified in data line <0300		•			
Contact Email Address - Email Address of person identified in data line <030>	<030>	Contact Name - Person USAC should contact regarding this	data	Chris Nierman	
				2024578815 ext.	
4110b FCC Registration Number 1568880 4111 Filling Carrier Name 0C1 Communication Corp 4112 Winning Bilder Carrier Name 0C1 Communication Corp 4114 City 2850 Denail 8t, Saite 1000 4115 State AR 4116 JP-Code 99503 4117 Telephone Number 2024578815 ext. 4118 Fax Number 907869817 4119 Email Address Family Address 4120 Site as a sabove, indicate in this box in fisame as above, indica	<039>	Contact Email Address - Email Address of person identified	in data line <030>	cnierman@qci.com	
Stiling Carrier Name	eporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<112> Winning Bidder Carrier Name GCT Committed Locry <113> Street Address (or PO Box) 2550 Denal1 St., Buite 1000 <114> City ARC <115> State AK <116> Zip-Code 95503 <117> Telephone Number 2024578815 ext. <119> Email Address 907868917 If same as above, indicate in this box V <120> Name (First, MI, Last, Suffix) Chriz Rieman <1212> Street Address (or PO Box) 2550 Denal1 St. Guite 1000 <1224	<110>	FCC Registration Number 15	568880		
Street Address (or PO Box) 2550 Denal1 Str. Dutice 1000	<111>	Filing Carrier Name	CI Communication C	orp	
Street Address (or PO Box) 2550 Denail St., Suite 1000	<112>	Winning Bidder Carrier Name	CI Communication C	corp	
Anchorage Archorage Arch	<113>	<u> </u>			
<1155	<114>	-	nchorage		
<116> Zip-Code 99503 <117> Telephone Number 9024578815 ext. <118> Fax Number 9078689817 chick Information If same as above, indicate in this box If same as above, indicate in this box <1210> Name (First, MI, Last, Suffix) Chris Nieman <1212> Fling Carrier Name OCI Communication Corp <1225					
<1177					
<118> Fax Number 3073693917 <119> Email Address cnierman@gci.com ontact Information if same as above, indicate in this box v <120> Name (First, Ml, Last, Suffix) Chris Nierman <121> Filing Carrier Name GCT Communication Corp <122> Street Address (or PO Box) 2550 Denali Str. Suite 1000 <124> State AK <125> Zip-Code 99503 <126-		Tolophono Numbor			
Semanta Sema		20	024578815 ext.		
Internation		90	78689817		
Fame as above, indicate in this box	11137		nierman@gci.com		
State Ak Ak State Ak State State Ak State	<120> <121> <122>	if same as above, indicate in this box Name (First, MI, Last, Suffix) Filing Carrier Name Street Address (or PO Box)	I Communication Co		
Sip-Code 99503	<123>	City	chorage		
<126> Telephone Number 2024578815 ext. <127> Fax Number 9078689817 <128> Email Address cnierman@gci.com **Tonierman@gci.com **Tonierman@gci	<124>	State			
4127> Fax Number 4128> Email Address withorized Agent Information if no agent, indicate in this box 4130> Name (First, MI, Last, Suffix) 4131> Company 4132> Street Address (or PO Box) 4133> City 4134> State 4135> Zip-Code 4136> Telephone Number 4137> Fax Number 527076689817 cnierman@gci.com cnierman@gci.com 627076689817 62707669817 627076699817 627076699817 6270766998	<125>	Zip-Code 99	503		
<128> Email Address cnierman@gci.com uthorized Agent Information if no agent, indicate in this box <130> Name (First, MI, Last, Suffix) <131> Company <132> Street Address (or PO Box) <133> City <134> State <135> Zip-Code <136> Telephone Number <137> Fax Number	<126>	Telephone Number 20	24578815 ext.		
uthorized Agent Information if no agent, indicate in this box <130> Name (First, MI, Last, Suffix) <131> Company <132> Street Address (or PO Box) <133> City <134> State <135> Zip-Code <136> Telephone Number <137> Fax Number	<127>	Fax Number	78689817		
if no agent, indicate in this box <130> Name (First, MI, Last, Suffix) <131> Company <132> Street Address (or PO Box) <133> City <134> State <135> Zip-Code <136> Telephone Number <137> Fax Number	<128>	Email Address cn	ierman@gci.com		
<131> Company (132> Street Address (or PO Box) <133> City (134> State <135> Zip-Code (136> Telephone Number <137> Fax Number (136> Telephone Number	<u>uthorize</u>	1 1			
<132> Street Address (or PO Box) <133> City <134> State <135> Zip-Code <136> Telephone Number <137> Fax Number	<130>	Name (First, MI, Last, Suffix)			
<133> City <134> State <135> Zip-Code <136> Telephone Number <137> Fax Number	<131>	Company			
<134> State <135> Zip-Code <136> Telephone Number <137> Fax Number	<132>	Street Address (or PO Box)			
<134> State <135> Zip-Code <136> Telephone Number <137> Fax Number	<133>	City			
<135> Zip-Code <136> Telephone Number <137> Fax Number	<134>				
<136> Telephone Number 137 Fax Number 137					
<137> Fax Number					
<138> Email Address	~13/ <i>></i>	Email Address			

(060) Coverage and Performance Report	FCC Form 690
	Ap proved by OMB
	OMB Control No. 3060-1185
	Page 3 of 8

<010>	Study Area Code	618322
<015>	Study Area Name	GCI Communication Corp.
<020>	Program Year	2019
<030>	Contact Name - Person USAC should contact regarding this data	Chris Nierman
<035>	Contact Telephone Number - Number of person identified in data line <030>	2024578815 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cnierman@gci.com
<140>	Coverage and Performance Report Year 01/2018 - 12/2018	

618322_CPRd_AK.zip

Coverage and Performace attachments

<141>	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<c1></c1>	<c2></c2>	<c3></c3>	<d></d>
	State	County		Population per	Resident Population Newly Reached by Service	Total Resident Population Reached by	per Census	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (Yes/no)
				5	See attach	ed worksl	neet			
						l				

•	100		0
Percentage of Total		Percentage of Total	
Population Reached by		Road Miles covered	
Service		by Service	

(070) Urban Rate Comparability Certification Compliance FCC Form 690	
	Approved by OMB
	OMB Control No. 3060-1185
	Page 4 of 8

<010>	Study Area Code	618322
<015>	Study Area Name	GCI Communication Corp.
<020>	Program Year	2019
<030>	Contact Name - Person USAC should contact regarding this data	Chris Nierman
<035>	Contact Telephone Number - Number of person identified in data line <030>	2024578815 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cnierman@gci.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4) certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate. GCI Communication Corp. Name of Reporting Carrier: CERTIFIED ONLINE Date 06/25/2019 Signature of Authorized Officer: Carren Walters Printed name of Authorized Officer: Chief Accounting Officer Title or position of Authorized Officer: 9078687025 ext. Telephone number of Authorized Officer: 618322 Study Area Code of Reporting Carrier: Filing Due Date for this form: Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to authorize	e an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting
carrier. I also certify that I am an officer or employee of the repo	orting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the
authorized agent; and, to the best of my knowledge, the reports	and data provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
, ,	nished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment der Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Author	to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
, as agent for the reporting carrier, certify that I am autho data provided by the reporting carrier; and, to the best of	d to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based o knowledge, the information reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
Title or position of Authorized Agent or Employee of Agent	
elephone number of Authorized Agent or Employee of Age	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

(080) Tribal Lands Reporting				FCC Form 690 Approved by OMB
				OMB Control No. 3060-1185
				Page 5 of 8
<010>	Study Area Code		618322	
<015>	Study Area Name		GCI Communication Corp.	_
<020>	Program Year		2019	
<030>	Contact Name - Person USAC should contact regarding t	this data	Chris Nierman	
<035>	Contact Telephone Number - Number of person identifi		2024578815 ext.	
<039>	Contact Email Address - Email Address of person identif		cnierman@gci.com	
<142>	State	AK		
		W		
		North Slope Borough		
.4.42.	Country			
<143>	County			
		Alaska		
<144>	Tribal Land(s) on which ETC Serves			
		618322_TLRa5_AK.pdf		
<145>	Tribal Government Engagement Obligation			
		Name of Attached Docum	ent (.pdf)	

If your company serves Tribal lands, please select (Yes, No, Not Applicable) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

		Select (Yes, No, Not Applicable)
<146>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	Yes
<147>	Feasibility and sustainability planning;	Yes
<148>	Marketing services in a culturally sensitive manner;	Yes
<149>	Compliance with Rights of way processes	Yes
<150>	Compliance with Land Use permitting requirements	Yes
<151>	Compliance with Facilities Siting rules	Yes
<152>	Compliance with Environmental Review processes	Yes
<153>	Compliance with Cultural Preservation review processes	Yes
<154>	Compliance with Tribal Business and Licensing requirements.	Yes

(090) Project	Update Information	FCC Form 690	
		Approved by OMB	
		OMB Control No. 3060-1185	
		Page 6 of 8	
<010>	Study Area Code	618322	
<015>	Study Area Name	GCI Communication Corp.	
<020>	Program Year	2019	_
<030>	Contact Name - Person USAC should contact regarding this data	Chris Nierman	_
<035>	Contact Telephone Number - Number of person identified in data line <030>	2024578815 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	cnierman@gci.com	
<200>	Date Authorized to Receive Support	03/13/2015	
<201>	Targeted Completion Date	03/14/2018	
<202>	Total Mobility Fund Support Awarded	4671108.00	
<203>	Total Mobility Fund Support Disbursed	1557036.00	
<210>	Actual Completion Date		
<211>	Project Status Description (attached)	618322_PSD_AK.pdf	
	,,,		
		(1)	
	Please check these boxes below to confirm that the attached PDF, on line	{Name of PDF attached}	
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information		
2313 5	shall be submitted as appropriate.		
<212>	Status of Network Deployment - Network Design	<u>'</u>	
<213>	Status of Network Deployment - Construction		
<214>	Status of Network Deployment - Deployment	<u> </u>	
<215>	Status of Network Deployment - Maintenance	<u> </u>	
<216>	Project Budget Status	<u> </u>	
<217>	Project Plan Status	V	
<218>	Network will Support 3G/4G Mobile Service ?	26 6 46	
\ 210\	Mermork will aubhorr ad/40 Mionie aeraice :) 3G 🕑 4G	

(101) Certification - Reporting Carrier			FCC Form 690
			Approved by OMB
			OMB Control No. 3060-1185
			Page 7 of 8
			_
<010>	Study Area Code	618322	
<015>	Study Area Name	GCI Communication Corp.	
<020>	Program Year	2019	
<030>	Contact Name - Person USAC should contact regarding this data	Chris Nierman	
<035>	Contact Telephone Number - Number of person identified in data line <030>	2024578815 ext.	

cnierman@gci.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

Contact Email Address - Email Address of person identified in data line <030>

<039>

Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. GCI Communication Corp. Name of Reporting Carrier: Date 06/25/2019 CERTIFIED ONLINE Signature of Authorized Officer: Carren Walters Printed name of Authorized Officer: Chief Accounting Officer Title or position of Authorized Officer: 9078687025 ext. Telephone number of Authorized Officer: 07/01/2019 618322 Filing Due Date for this form: Study Area Code of Reporting Carrier:

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

06/19/2019 Page 7

(102) Certification - Agent / Carrier	FCC Form 690
	Approved by OMB
	OMB Control No. 3060-1185
	Page 8 of 8

<010>	Study Area Code	618322
<015>	Study Area Name	GCI Communication Corp.
<020>	Program Year	2019
<030>	Contact Name - Person USAC should contact regarding this data	Chris Nierman
<035>	Contact Telephone Number - Number of person identified in data line <030>	2024578815 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cnierman@gci.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)	o File for Mobility Fund Recipients on Behalf of Reporting Carrier is authorized to submit the information reported on behalf of the reporting carrier. I ities include ensuring the accuracy of the data reporting requirements provided to the authorized		
iso certify that rain an officer of the reporting carrier, my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized agent is accurate.			
Name of Authorized Agent:			
Name of Reporting Carrier:			
Signature of Authorized Officer:	Date:		
Printed name of Authorized Officer:			
Title or position of Authorized Officer:			
Telephone number of Authorized Officer:			
Study Area Code of Reporting Carrier:	Filing Due Date for this form:		
, ,	by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment e 18 of the United States Code, 18 U.S.C. § 1001.		

TO BE COMPLETED BY THE AUTHORIZED AGENT:

	Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier			
	I, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.			
Name	Name of Reporting Carrier:			
Name	of Authorized Agent Firm:			
Signat	Signature of Authorized Agent or Employee of Agent: Date:			
Name	Name of Authorized Agent Employee:			
Title c	Title or position of Authorized Agent or Employee of Agent			
Telep	hone number of Authorized Agent or Employee of	Agent:		
Study	Area Code of Reporting Carrier:	Filing Due Date for this form:		
	Persons willfully making false statements on this for	rm can be punished by fine or forfeiture under the Communications Act of 19 18 of the United States Code, 18 U.S.C. § 1001.	34, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title	

Attachments

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	618322
<015>	Study Area Name	GCI Communication Corp.
<020>	Program Year	2019
<030>	Contact Name - Person USAC should contact regarding this data	Chris Nierman
<035>	Contact Telephone Number - Number of person identified in data line <030>	2024578815 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cnierman@gci.com
<140>	Coverage and Performance Report Year	01/2018 - 12/2018

<a1> <a2> <a3> <b1> <b2> <b3> <c1> <c2> <c3> <d> Certify that **Total Road** Coverage and Road Miles Resident **Total Resident** Miles Performacne Resident Population Population **Road Miles** per Census covered per data is uploaded Newly Reached Block Newly Population per Reached by per Census Census Block (yes/no) by Service Reached Census Block Census Block Service Block State County North 021850001001030 Slope 0.0 Yes ΑK 19 19 3.36 0.0 Borough North 021850001001031 Slope 0.0 2 2 AK 0.11 0.0 Yes Borough North 021850001001035 Slope 0.0 18 18 Yes 18 ΑK 0.1 0.0 Borough North 021850001001051 0.0 Slope Borough 31 31 1.53 Yes AK 0.0 021850001001052 Slope 32 32 32 ΑK 0.0 0.18 Yes Borough North 021850001001053 Slope 0.0 29 29 AK 29 0.18 0.0 Yes Borough 021850001001054 Slope Borough AK 11 11 0.12 0.0 0.0 Yes 021850001001057 Slope AK 17 17 0.28 0.0 Yes 0.0 North 021850001001058 Slope 0.6 ΑK 58 58 0.0 0.0 Yes Borough 021850001001059 Slope ΑK 15 15 15 0.98 0.0 0.0 Yes Borough North 021850001001061 Slope Yes 41 41 0.43 0.0 AK 41 0.0 Borough North 021850001001063 Slope 48 Yes 48 48 0.0 AΚ 0.0 Borough North 021850001001064 Slope 0.18 Yes ΑK 49 49 0.0 0.0 Borough North 021850001001065 Slope Yes 0.18 0.0 58 58 5.8 AK 0.0 Borough North 021850001001066 Slope ΑK 118 118 118 0.21 0.0 0.0 Yes Borough North 021850001001067 Slope 136 0.21 0.0 Yes AK 136 136 0.0 Borough North 021850001001068 Slope AK 24 24 24 0.22 0.0 Yes 0.0 Borough North 021850001001069 Slope 30 0.0 ΑK 30 30 0.18 0.0 Yes Borough North 021850001001070 Slope Yes AK 53 53 53 0.2 0.0 0.0 Borough North 021850001001071 Slope 55 0.0 Yes 55 55 ΑK 0.2 0.0 Borough

> Percentage of Total Population Reached by Service

100

Percentage of Total Road Miles covered by Service

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	618322
<015>	Study Area Name	GCI Communication Corp.
<020>	Program Year	2019
<030>	Contact Name - Person USAC should contact regarding this data	Chris Nierman
<035>	Contact Telephone Number - Number of person identified in data line <030>	2024578815 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cnierman@gci.com
<140>	Coverage and Performance Report Year	01/2018 - 12/2018

<a1> <a2> <a3> <b1> <b2> <b3> <c1> <c2> <c3> <d> Certify that **Total Road** Coverage and Road Miles Resident **Total Resident** Miles Performacne Resident Population Population **Road Miles** per Census covered per data is uploaded Newly Reached Block Newly Population per Reached by per Census Census Block (yes/no) by Service Reached Census Block Census Block Service Block State County North 021850001001072 Slope 0.0 Yes AK 101 101 101 2.69 0.0 Borough North 021850001001073 Slope 0.0 35 35 AK 35 0.21 0.0 Yes Borough North 021850001001074 Slope 0.0 28 28 Yes 2.8 ΑK 0.24 0.0 Borough North 021850001001075 0.0 Slope Borough 0.24 Yes AK 0.0 021850001001076 0.0 Slope 70 70 70 ΑK 0.0 0.21 Yes Borough North 021850001001077 Slope 0.0 53 53 AK 53 0.21 0.0 Yes Borough 021850001001078 Slope Borough AK 0.24 0.0 0.0 Yes 021850001001079 Slope AK 179 179 179 0.44 0.0 Yes 0.0 North 021850001001080 Slope 0.2 ΑK 56 56 0.0 0.0 Yes Borough 021850001001081 Slope ΑK 21 21 21 0.15 0.0 0.0 Yes Borough North 021850001001082 Slope Yes 65 65 0.2 0.0 AK 65 0.0 Borough North 021850001001083 Slope 74 Yes 74 74 0.0 AΚ 0.0 Borough North 021850001001084 Slope 0.2 Yes ΑK 48 48 48 0.0 0.0 Borough North 021850001001085 Slope Yes 0.2 0.0 55 55 55 AK 0.0 Borough North 021850001001086 Slope 64 ΑK 64 64 0.21 0.0 0.0 Yes Borough North 021850001001087 Slope 46 46 0.21 0.0 Yes AK 46 0.0 Borough North 021850001001088 Slope AK 69 69 2.44 0.0 Yes 0.0 Borough North 021850001001101 Slope 49 49 0.0 ΑK 49 0.25 0.0 Yes Borough North 021850001001102 Slope 0.21 Yes AK 53 53 53 0.0 0.0 Borough North 021850001001103 Slope 56 0.0 Yes 56 56 ΑK 0.2 0.0 Borough

> Percentage of Total Population Reached by Service

100

Percentage of Total Road Miles covered by Service

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	618322
<015>	Study Area Name	GCI Communication Corp.
<020>	Program Year	2019
<030>	Contact Name - Person USAC should contact regarding this data	Chris Nierman
<035>	Contact Telephone Number - Number of person identified in data line <030>	2024578815 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cnierman@gci.com
<140>	Coverage and Performance Report Year	01/2018 - 12/2018

<a1> <a2> <a3> <b1> <b2> <b3> <c1> <c2> <c3> <d> Certify that **Total Road** Coverage and Road Miles Resident **Total Resident** Miles Performacne Resident Population Population **Road Miles** per Census covered per data is uploaded Newly Reached Block Newly Population per Reached by per Census Census Block (yes/no) by Service Reached Census Block Census Block Service Block State County North 021850001001104 Slope 0.0 Yes AK 50 50 0.27 0.0 Borough North 021850001001105 Slope 68 68 68 0.0 AK 0.22 0.0 Yes Borough North 021850001001106 Slope 0.0 94 94 Yes 94 ΑK 0.15 0.0 Borough North 021850001001107 0.0 Slope Borough 22 22 0.21 Yes AK 0.0 021850001001108 Slope 79 79 79 ΑK 0.0 0.21 Yes Borough North 021850001001110 Slope 0.0 39 39 AK 39 2.23 0.0 Yes Borough 021850001001115 Slope Borough AK 62 62 0.2 0.0 0.0 Yes 021850001001116 Slope AK 83 83 0.2 0.0 Yes 0.0 North 021850001001117 Slope 0.2 ΑK 48 48 0.0 0.0 Yes Borough 021850001001118 Slope ΑK 40 40 40 0.21 0.0 0.0 Yes Borough North 021850001001119 Slope Yes 61 61 0.21 0.0 AK 61 0.0 Borough North 021850001001120 Slope 35 Yes 35 35 0.0 AΚ 0.0 Borough North 021850001001121 Slope 0.2 Yes ΑK 75 75 0.0 0.0 Borough North 021850001001141 Slope Yes 0.17 0.0 62 62 AK 0.0 Borough North 021850001002002 Slope ΑK 57 57 57 0.42 0.0 0.0 Yes Borough North 021850001002004 Slope 31 4.78 0.0 Yes AK 31 31 0.0 Borough North 021850001002005 Slope AK 23 23 23 0.14 0.0 Yes 0.0 Borough North 021850001002006 Slope 25 25 0.0 ΑK 25 0.17 0.0 Yes Borough North 021850001002007 Slope 60 Yes AK 60 60 0.18 0.0 0.0 Borough North 021850001002008 Slope 49 49 0.0 Yes 49 ΑK 0.25 0.0 Borough

> Percentage of Total Population Reached by Service

100

Percentage of Total Road Miles covered by Service

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	618322
<015>	Study Area Name	GCI Communication Corp.
<020>	Program Year	2019
<030>	Contact Name - Person USAC should contact regarding this data	Chris Nierman
<035>	Contact Telephone Number - Number of person identified in data line <030>	2024578815 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cnierman@gci.com
<140>	Coverage and Performance Report Year	01/2018 - 12/2018

<a1> <a2> <a3> <b1> <b2> <b3> <c1> <c2> <c3> <d> Certify that **Total Road** Coverage and Road Miles Resident **Total Resident** Miles Performacne Resident Population Population **Road Miles** per Census covered per data is uploaded Newly Reached Block Newly Population per Reached by per Census Census Block (yes/no) by Service Reached Census Block Census Block Service Block State County North 021850001002009 Slope 12 0.0 Yes ΑK 12 0.17 0.0 Borough North 021850001002010 Slope 23 23 0.0 AK 23 0.13 0.0 Yes Borough North 021850001002011 Slope 0.0 11 11 Yes 11 ΑK 0.11 0.0 Borough North 021850001002015 0.0 Slope Borough 52 52 5.69 Yes AK 0.0 021850001002016 Slope 44 44 ΑK 0.0 0.31 Yes Borough North 021850001002017 Slope 0.0 53 53 AK 53 0.22 0.0 Yes Borough 021850001002018 Slope Borough AK 89 89 0.3 0.0 0.0 Yes 021850001002019 Slope AK 50 50 0.22 0.0 Yes 0.0 North 021850001002020 Slope 0.23 ΑK 36 36 0.0 0.0 Yes Borough 021850001002021 Slope ΑK 15 15 15 0.32 0.0 0.0 Yes Borough North 021850001002022 Slope Yes 59 0.19 0.0 AK 59 59 0.0 Borough North 021850001002023 Slope 96 Yes 96 96 0.0 AΚ 0.0 Borough North 021850001002025 Slope 0.39 Yes AK 45 45 0.0 0.0 Borough North 021850001002026 Slope Yes 131 0.61 0.0 131 131 AK 0.0 Borough North 021850001002027 Slope ΑK 53 53 53 0.2 0.0 0.0 Yes Borough North 021850001002030 Slope 0.26 0.0 Yes AK 81 81 81 0.0 Borough North 021850001002031 Slope AK 49 49 49 0.21 0.0 Yes 0.0 Borough North 021850001002034 Slope 93 93 0.0 ΑK 93 0.22 0.0 Yes Borough North 021850001002035 Slope 45 Yes AK 45 45 0.28 0.0 0.0 Borough North 021850001002036 Slope 29 0.0 Yes 29 0.16 29 ΑK 0.0 Borough

> Percentage of Total Population Reached by Service

100

Percentage of Total Road Miles covered by Service

(060)	Coverage and	Performance	Report

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<140>	Coverage and Performance Report Year	01/2018 - 12/2018

<a1> <a2> <a3> <b1> <b2> <b3> <c1> <c2> <c3> <d> Certify that **Total Road** Coverage and Road Miles Resident **Total Resident** Miles Performacne per Census Resident Population Population **Road Miles** covered per data is uploaded Population per Newly Reached Reached by per Census Block Newly **Census Block** (yes/no) Census Block Census Block by Service Service Block Reached State County North Slope 021850001002037 AK 80 80 0.0 Yes 0.33 0.0 Borough North Slope Borough 021850001002038 24 0.0 24 AK 24 0.0 Yes 0.15

> Percentage of Total Population Reached by Service

100	

Percentage of Total Road Miles covered by Service

0			